Health and Wellbeing Board,
Monday, 27 October 2014

Report of the Health and Wellbeing Board

Monday, 27th October, 2014 (2.20 p.m. - 4.00 p.m.)

Present: Councillors W. Streeting (Chair), H. Cleaver, E. Norman, Mrs J. Ryan, Vicky Hobart, John Powell, Pat Reynolds, John Atherton, Glynis Donovan, Dr. Mathukia, Conor Burke, John Goldup and Olive Hamilton-Andrews

Officers: Simon Froud, Caroline Martindale, Nicola Parry (Adult Social Services, LBR), Professor Dezateux (University College London) and Connie Grant (Constitutional Services)

Public: 5

1. Standing Order 68: Electronic Media (HWB/01/271014)

   The Chair reminded all present that the public and press were permitted to report on this meeting using electronic media tools. However, oral commentary would not be permitted in this room during proceedings.

2. Apologies For Absence (HWB/02/271014)

   We received apologies from Ross Diamond, Steve Brown, Dr. Mehta and Ch. Supt. Sue Williams.

3. Declaration of Interest (HWB/03/271014)

   All Members were reminded of the requirement to consider whether they had an interest in any matter on the agenda that needed to be disclosed and, if so, to declare the interest when the Board reached that item on the agenda.

4. Minutes of Previous Meeting held on 8th September 2014 (For Signature) (HWB/04/271014)

   Resolved: That we (i) agree the minutes of the meeting 8th September 2014 and authorise the Chair to sign them when available in the Minute Book.

   Matters Arising

   Item 8 – Redbridge Dementia Plan 2014/17

   The Chair informed all that following the Health & Wellbeing Board on the 15th December at Valentines Mansion there would be a 45 minutes presentation on the ‘dementia friend’ initiative.

5. Public Participation: Statements, Questions, Deputations, and Petitions (HWB/05/271014)

   i) Mr. Jon Abrams

   Mr. Abrams explained that the Redbridge Disability Consortium had undertaken a piece of work about the needs of disabled residents. He wanted to know how the findings from
this work could be disseminated for consideration in strategies and plans across the work of the council and health. He also asked if Dr. Ozzie Stewart could attend a future meeting to provide an update on issues facing disabled people.

The Chair agreed that Officers would contact Mr. Abrams for the information and that dependent on the forward agenda Dr. Stewart would be welcome to attend a future meeting and again Officers will advise.

It was mentioned that Transport for London would be available at the Town Hall tomorrow and would be taking questions on concerns relating to transport issues and the needs of disabled people could be raised there. Mr. Abrams said he was aware of this meeting and some people from disabled Focus groups would be attending.

2) Mrs. Helen Zammett
Mrs. Zammett informed the Board that she was speaking on behalf of the Wanstead and Snaresbrook Alliance. She raised the following 8 points;

- David Behan, Chief Executive of the Care Quality Commission had written to the Alliance stating that ‘the information you have shared with us was passed to the lead inspector for this service, Lea Alexander, who will use it to help decide the issues to be focused on the next inspection’.

- One of Redbridge Healthwatch’s recommendations was ‘the consultation was not an example of best current practice and therefore the CCG have failed to gain and maintain public trust and confidence in the way that the proposal and subsequent options have been put’.

- Redbridge CCG may have held meetings and events but did not offer to engage with the residents of Wanstead. This was off as the CCG was well aware of the concern which Wanstead residents had over the future of Wanstead Hospital. The two public meetings held were organised by the Wanstead and Snaresbrook Residents’ Alliance and Healthwatch.

- As the two community treatment teams only provide medical care, this will have an indirect impact on Redbridge’s adult care services and add to its significant financial overspend. Residents can refer themselves to the treatment teams; currently there are 35,000 Redbridge residents over the age of 65.

- Patient satisfaction surveys average at 95% and are not taken into service provision calculations as they are not scientific. Where is the formal clinical evaluation based on outcomes? This is a much more sound way of comparing the inpatient and community intermediate care services.

- Bed shortage is the fundamental flaw in the proposals. The 2013 National Audit of Intermediate Care calculates that 184 beds not 40, 61 are needed. Between April 2013 and March 2014 over 61 beds were needed every month, with all current 104 beds needed in April 2013. To date, there have been no discussions with BHRUT about where these beds will be provided.

- The Alliance believes that these proposals ought to be investigated by the Reconfiguration Panel. Its terms of reference include “The Panel will consider
whether the proposals will provide safe, sustainable and accessible services for the local population”. One of Age Concern’s qualifying factors is concern over “whether one unit could actually cope with demand without qualify of care being compromised”.

- Grovelands day hospital in Chadwell Heath has been closed without any formal consultation and the facility moved to Goodmayes Hospital. Therefore the Wanstead and Snaresbrook Residents’ Alliance asks for a list of all wards or day hospitals run by the RCCG and NELFT, which had been closed in the last 5 years. Also the Alliance would be grateful to receive a list of any wards or day hospitals which are being considered for service reduction or closure.

It was noted that consultations had been carried out and a public meeting was scheduled for December to discuss the outcome.

Mrs. Zammett’s concerns were noted by the CCG and Health and Wellbeing Board and the CCG would respond outside the meeting.

6. Life Study (HWB/06/271014)

We received a report from the Institute of Child Health, University College London which was presented by Professor Carol Dezateux, Scientific Director and Principal Investigator. The report provided a brief for the Health and Wellbeing Board on the nature of Life Study and the strategic partnership, established under the University College London Partners (UCLP) umbrella, between the Life Study at University College London and the Barking Havering & Redbridge University Hospital NHS Trust (BHRUT).

The Life Study team was working with BHRUT within this partnership, also local stakeholders North East London Foundation Trust (NELFT) and Barking Havering and Redbridge Clinical Commissioning Groups (BHRCCGs) to deliver the first Life Study Centre in 2014.

Life Study had been set up to enable research which would provide information relevant to the improvement of the lives, health and well-being of children, both now and in the future. To do this the University College London needed to understand the lives of children and their families taking part in Life Study as the children grow up. The Life Study would continue to maintain contact with children well into their adult lives and would be located in the communities where children were born and grew up.

Life Study offered several benefits to the local population and health research needs. The Life Study team would like to enable this through further partnership working.

This paper provided a summary of the Life Study and of the arrangements in place at BHRUT and the strategic benefits to the local population and all stakeholders and aimed to raise awareness of Life Study and discuss its current and future development and ways of working with key stakeholders and the public.

Health & Wellbeing Board was also provided with an overview that set out the aims of Life Study; this was tabled at the meeting. This study would be a legacy for this generation as well as future generations and had generated huge interest.
Life Study was interested in a number of issues affecting the current generation of children, including the rise in child poverty, allergies and asthma, obesity and lack of physical activity, and social and emotional problems. The Study had just began and aimed to continue recruiting through the next four years. There was an expectation to recruit 80,000 mothers, partners and their babies, around 60,000 of whom would be recruited in pregnancy in collaboration with maternity units to enable contacting mothers in their pregnancy.

- All participants would be asked to give consent to taking part in Life Study which had all the necessary ethical approvals in place. Participants could withdraw at any time.
- Participants would have their identity and information securely safeguarded.
- Anonymised research data from the Study would only be available to bona fide researchers.
- Understanding and addressing community issues was vital.
- It was planned to recontact families who participated as children grew older.

The study aimed to collect a rich range of information across the following areas;

- Demographics
- Identity
- Parental & Family Health
- Parental behaviour and lifestyle
- Parental education
- Parental employment
- Financial situation
- Pregnancy and birth
- Child health
- Child development
- Child sleeping/crying
- Diet and nutrition
- Infections and immunity
- Childcare
- Parenting
- Family relationships
- Social networks and support
- Housing
- Neighbourhood
- Environment
- Physical measures and biosamples

There were a number of issues that the Study was keen to discuss with the Board, these included;

- Ensuring good communication with, and support and endorsement by, members of the Board.
- Building awareness among the local community and relevant practitioners about Life Study.
Maintaining contact with participating children and their families in the pre-school years through for example liaising with their health visitors.

Following a detailed discussion and questions from the Health and Wellbeing Board we noted the following suggestions and clarifications:

- Suggestion that the study should include whether a pregnancy was wanted or unwanted, planned or unplanned as this information was crucial in children’s development. Clarification was given that this information would be included and the London Measure of Unplanned Pregnancy was being used. Other information to be collected, included planning for pregnancy, how the family prepared for a child and also the father’s role in child’s development. The study would also look at families where the mother and father lived separately and how the father maintained contact with their children.

- Mother-baby interaction was thought to be really important and some interesting tasks and games were planned and their mothers to undertake in order to understand the baby’s temperament and interactions with their mothers.

- The study wanted to keep contact with ‘hard to reach’ children. This included children who might move into fostering or become adopted and who could easily become lost to the Study. Life Study wanted to work with children’s services as well as with GPs to ensure they understood and were aware of Life Study and could advise families about it. Life Study also wanted to develop a partnership to help keep tract of children who might move into different families after they were born. It was noted that Children’s Services would be happy to facilitate a meeting around hard to reach children targeting looked after children. Local child safeguarding policies would be followed by Life Study at all times.

- That it would be interesting to know the timescale of the findings i.e when the findings would be made available and how it would be shared. It was noted that a study had recently started led by Queen Mary University around genetic risks. Life Study had already been in contact with this study and while the genetic study focussed on rare diseases which Life Study did not, it would be helpful to link in with this research and share experience of public and community engagement.

- In relation to diversity there was a Community Engagement Manager working on this and there had been ongoing dialogue with community groups. It was important to get a wide community group involved, particularly in relation to ethnic minority people.

Resolved: That we (i) note the contents of the report and presentation by Professor Dezateux.

(ii) endorse the development of the first Life Study Centre at BHRUT and its vision and relevance for children in the UK as well as for the local community.

(iii) agree to contribute to embedding Life Study in the local community specifically through integration with local strategies and priorities to promote the health and wellbeing of children, to improve their life chances and to reduce health. To be facilitated by the Director of Children’s Services and the Director of Public Health.
(iv) agree to feed into discussions about how to raise the profile and awareness of Life Study in the local community.

(v) note that Professor Dezateux would ask Dr. Rachel Knowles to forward a copy of the safeguarding policy to John Goldup.

(vi) note that anyone interested in getting involved with any aspect of the study should contact Professor Dezateux or Conor Burke.

(vii) thank Professor Dezateux for attending our meeting and providing a detailed explanation on the proposed life study.

7. Better Care Fund - BCF submitted and Next Steps (HWB/07/271014)

We received a report from the Chief Officer Adult Social Services informing the Health and Wellbeing Board (HWB) of the revised Better Care Fund (BCF) plans that were submitted on 19th September to NHS England. The revised plans build on detail contained in the first plans submitted back in April.

The Shadow Joint Executive Management Committee (SJEMC) would now oversee the development of the S75 agreement and the programme plans until April 2015.

The final revised Redbridge Better Care Fund Plan was submitted to NHS England on the 19th September deadline.

Section 2.4 of the report set out the different levels of approval required to obtain section 75.

Section 3 of the report set out the S75 and BCF Programme Governance arrangements.

In relation to the Prime Minister’s Challenge Fund, where individuals with particular conditions would be asked to move to a super multi-disciplinary GP surgery, which would be able to meet the needs of those historically, clarification was given by the CCG that patients would not be asked to be moved if they did not wish to.

Health and Wellbeing Board recognised that this was a substantial piece of work and thanked all the partners involved for their hard work in putting it together.

Resolved: That (i) we note the contents of the report and submitted Better Care Plans going forward.

8. Transfer of Section 256 Resources to London Borough of Redbridge (HWB/08/271014)

The report before us was presented by the Chief Officer Adult Social Services and provided the Health and Wellbeing Board with an update on the transfer of 2014-15 funds via a Section 256 with NHS England.

A communiqué was received on the 10th October from NHS England that explained the requirement of a revised expenditure plan to be submitted to NHS England by 21st
November 2014 in order that the Section 256 could be agreed for the transfer of the resources.

The arrangements for Transfer of Section 256 resources had changed and more work needed to be done.

Concern was expressed about a new process being introduced at this late stage, however although unreasonable pressure had been placed on partners involved they were working hard for the required information to access the resource.

Resolved: That (i) we agree to delegate to the Director of Adult Social Services and Housing and the Chief Operating Officer for the CCG, in consultation with the Chair of the Health and Wellbeing Board and Chair of Redbridge CCG to approve the expenditure plan that is due to be submitted to NHS England (London) and NHS England by the 21st November 2014. This would be in accordance with local partner governance routes as there was no currently scheduled meeting of the Health and Wellbeing Board prior to the submission date.

9. Update on the transfer of the Healthy Child Programme 0.5 years (including family Nurse Partnership) to Redbridge Council (HWB/09/271014)

We received a report from the Director of Public Health informing Health and Wellbeing Board members of the update from NHS England on the transfer of the Healthy Child Programme and Family Nurse Partnership (attached at Appendix 1), and the letter setting out a number of concerns for Redbridge (attached at Appendix 2).

The report also set out the timescales for consultation and announcement of resource allocation.

The transition of 0-5 year old commissioning responsibilities would take place on 1st October 2015. The scope of the transition included the 0-5 Healthy Child Programme (Universal/Universal Plus), specifically relating to;

- Health Visiting services (universal an targeted services) and
- Family Nurse Partnership services

During July and August each borough, through officers nominated by Directors of Children’s Services and Directors of Public Health had met with NHS England London to begin transition planning. This process, particularly in London was complicated by the fact that many providers of health visiting and Family Nurse Partnership services serve multiple boroughs.

The key national milestones up to the transition of commissioning in 2015 on the Early Years Commissioning Transfer – Update from NHS England was attached to the report. Clive Grimshaw (Programme Manager, Early Years Commissioning Transfer) at London Councils had produced this information. The allocation for Redbridge currently indicated a shortfall of £1,777,218.

We noted the following comments and clarification that arose from discussion;
Concern expressed about funding shortfall faced across Children's Services and an awareness of shortage of health visitors and the ramifications that could arise as a result i.e. children being placed at risk. The LSCB regarded the shortfall of health visitors as placing children at unnecessary risk and the Chair would be writing to NHS England to express the Board's serious concerns.

It was explained that 'mandated' was a requirement for a service to be resourced and the way the funding would work was that the Local Authority received the resources to provide key services. It was recognised that this programme needed to work well with Children’s Services.

The representative for NHS England would take these concerns back for discussion with the relevant team, managed by Kenny Gibson.

Resolved: That we (i) note the update from NHS England on the transfer of the Healthy Child Programme and Family Nurse Partnership attached at Appendix 1, and the letter attached in Appendix 2 setting out a number of concerns that Redbridge had.

(ii) support and endorse the case for additional resources and representations and request an update of the outcome at a future Health and Wellbeing Board.

(iii) thanked Vicky Hobart for her presentation and John Atherton who offered to take concerns back to NHS England.

10. Primary Care Transformation Programme (HWB/10/271014)

We received a report from the Programme Director, Primary Care Improvement, Barking, Havering and Redbridge Clinical Commissioning Groups, which was presented by Conor Burke, informing the Health and Wellbeing Board that BHR Clinical Commissioning Groups (CCGs) had established a Primary Care Transformation Programme, which incorporated three main projects. The projects would involve local commissioners and primary care providers to support the development of the primary care provider landscape and new services designed to meet the needs of whole populations, improve access to primary care for patients, reduce variation in performance of providers and improve health outcomes. This paper provided a strategic overview of each project within the programme.

The CCG had a statutory responsibility to improve primary care. The report took things forward to medium and longer term care. NHS England had published a paper called Transforming Primary Care. £5.6m had been allocated for the three major projects;

- Primary Care Improvement – this focussed on contracting and a meeting was scheduled to take place in a few weeks bringing together various stakeholders and some Health and Wellbeing Board members were invited.
- GP provider Development – this focussed on collaborative working and a GP Federation had been established called ‘Healthbridge Director Ltd that represented around 50% of Redbridge practices.
- The Prime Ministers’ Challenge Fund – focussed on three schemes; improving access in general practice, complex care and technology and infrastructure.
Focussing on the Complex Care Development, as part of the bid, commitment was focussed on how complex care needs was managed. The full needs of patients would be met by one team providing health and social care support. The service was due to start on 3rd November. The CCG would be talking to patients who were identified and their existing GPs. Patients would not be transferred against their will, it would be their choice. The aim was to register 100 patients which would be increased to 5,000 if successful. In relation to technology data would be linked with the aim shared clinical records across Redbridge by December, this would be extended to all providers across Redbridge. This was a challenging area to look at how to improve services. Appendix A of the report set out data from other Boroughs.

The following comments and clarifications arose from discussion;

- Clarification was given that the ‘End of Life’ plan was a priority and the CCG recognised that this was a critical area.

- It was recognised that communication would be challenging, however a comprehensive and robust communication plan had been established although certain aspects of the plan needed to be clear. Once completed the plan would be presented to the Health and Wellbeing Board. The NHS Primary Care Transformation Board would ensure that information was disseminated via various media tools.

- With regards to governance issues, particularly around IT the CCG were happy to share all aspects of information. It was critical that people opted in rather than assume they would be included. The process around consent would be worked out.

- With regards to education and staff training a Community Education Training Network had been established and a bid had been submitted to obtain £3m to £4m for training and development. The Network would also look at whether different parties could work together. It was recognised that workforce was the key enabler for the project to work.

- We were informed that Barking & Dagenham and Havering had secured successful bids.

Resolved: That we (i) note the comments on the work programme for the Prime Ministers’ Challenge Fund and primary care transformation in Redbridge.

(ii) welcome the report and look forward to receiving further update.


We received a report from the Director of Public Health informing the Health and Wellbeing Board that the report gave an introduction to the new public health responsibilities of Redbridge Council transferred from Redbridge Primary Care Trust and the achievements in one year. The main focus was on key Public Health outcomes which were achieved, and the development of a framework to deliver the public health service portfolio.
The second chapter of the report presented the borough profile that focussed on the following population changes;

- Diversity
- Ethnicity
- Religion
- Deprivation

The borough profile also presented life expectancy, health life expectancy, pre-mature mortality from cardiovascular disease, cancers and liver disease by individual wards.

The report also described some of the key local priorities for public health and how they connected with national strategies and actions taken locally to improve the health and wellbeing of Redbridge residents. Each priority described had been linked to the supporting Public Health indicators that would help to understand the progress made year by year.

The health profiles were set out in the related appendix and indicated by electoral wards and showed that there were great differences in some of the health outcomes within the borough for the residents.

Resolved: That we (i) note the achievements in improving the health and wellbeing of Redbridge residents.

(ii) note the recommendations made to improve the outcomes in key public health indicators outlined in the report.

12. LSCB Annual Report (HWB/12/271014)

A report was received from the Interim Head of Commissioning Quality and Finance, Children and Families and presented by the Chair of the Local Safeguarding Children Board (LSCB). The report explained that the Local Safeguarding Children Board’s (LSCB) Annual Report considered the work undertaken by the LSCB in relation to safeguarding Redbridge children and young people in 2013/14.

LSCB partner agencies had continued to engage well with the LSCB Business plan and the LSCB agenda ensuring that safeguarding work was prioritised in contacts and interactions with children and their families.

The Chair of the Local Safeguarding Children’s Board commented that the report was a good description of some of the services provided by the LSCB and the positive action taken relating to the protection of children but he would expect next year’s Annual Report to have a clearer focus on areas for improvement. There had been a 62% increase in children subject to a child protection plan in 2013/14. This was significantly linked to an increase in the number of children placed on a plan because of neglect or emotional abuse. The long term impact of neglect was increasingly recognised and nationally this lay in part behind the increase in statutory intervention through the courts. The LSCB was holding a multi-agency conference on neglect on 12 November.
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The report also set out the budget problems the LSCB were experiencing with a projected deficit in 2014/15. This could only be resolved through increased contributions from partner agencies, or a reduction in activity, or a combination of the two.

The main concerns on the LSCB agenda currently were child sex exploitation and neglect.

Resolved: That we (i) note the contents of the report.

13. Verbal Update - Information on Ebola (HWB/13/271014)

We received a verbal update from the Director of Public Health on the current state of the Ebola crisis.

We were informed that Public Health England publishes current updates of the status of the outbreak and the UK response on its website [https://www.gov.uk/government/organisations/public-health-england](https://www.gov.uk/government/organisations/public-health-england).

Planning for the impacts of Ebola in Redbridge were being led by the Director of Public Health in collaboration with the Redbridge Borough Resilience Forum who was due to meet to discuss the situation. The Forum would be looking into issues including press interest if a case were to be detected. They would also be looking into community liaison with the police. There had been no case acquired in England to date.

14. Dates of Future Meetings: (HWB/14/271014)

Resolved: That we note the dates of future meetings of the Health and Wellbeing Board as follows:

- 15th December 2014 - Valentines Mansion
- 26th January 2015
- 16th March 2015

15. Any Other Items Which the Chair Decides For The Reasons Stated Are Urgent (HWB/15/271014)

None.

16. Motion To Exclude the Public (HWB/16/271014)

None.

Chair